

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3423

**Title:** Current Status in the Treatment Options for Esophageal Achalasia

**Reviewer code:** 01446111

**Science editor:** j.l.wang@wjgnet.com

**Date sent for review:** 2013-05-02 13:47

**Date reviewed:** 2013-05-11 20:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS

### COMMENTS TO AUTHORS:

This review paper is written for current treatment of esophageal achalasia. The contents of this paper are not only medication, endoscopic procedure and surgical treatment, but also future prospects. As you talk about, re-do for failed operation for esophageal achalasia is challenging, however, those operations are also performed at high-volume center by laparoscopically and many patients are avoiding esophagectomy. On the other hand, some researchers reported the adverse effects of repeating dilation. You should append and discuss about these matters.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3423

**Title:** Current Status in the Treatment Options for Esophageal Achalasia

**Reviewer code:** 00036365

**Science editor:** j.l.wang@wjgnet.com

**Date sent for review:** 2013-05-02 13:47

**Date reviewed:** 2013-05-13 16:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS

### COMMENTS TO AUTHORS:

This is a narrative review on current therapy for achalasia. General comments: In my opinion the review does not add anything to the available information about this topic. A systematic review on unknown facts should be more informative for readers. At least the level of evidence and grade of recommendation should be added to the text. Specific comments. Although it is well-known that pneumatic dilatation is less effective in younger patients and perhaps in male patients, data are not strong enough to justify the content in figure 2 about the indication of PD and LHM according to age and sex

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**Ms:** 3423

**Title:** Current Status in the Treatment Options for Esophageal Achalasia

**Reviewer code:** 00044535

**Science editor:** j.l.wang@wjgnet.com

**Date sent for review:** 2013-05-02 13:47

**Date reviewed:** 2013-05-14 00:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS

### COMMENTS TO AUTHORS:

**COMMENT :** Seng-Kee Chuah, et al.: Current Status in the Treatment Options for Esophageal Achalasia This review on current therapies for achalasia summarizes the actual knowledge in the field and provides some valuable information for the clinician dealing with this problematic entity. However, we had the impression that the different treatment strategies are not being discussed in depth and with the rigor that would be necessary to cover this difficult disease. For example, the possible impact of the results of high-resolution manometry on treatment outcome is not being discussed properly using the data from Pandolfino's landmark study. Also, we missed a number of relevant randomized studies dealing with the problem of Heller myotomy, type of fundoplication, and incidence of postoperative reflux. Another problem is the language that definitely would need proof-reading by a native English speaking person. Therefore, we think that this manuscript is suitable for publication only after major revision.